

**CITY OF MIAMI SPRINGS,  
Florida  
Building and Zoning Department**



**INSULATION CERTIFICATION CARD**

Master Permit Number\_\_\_\_\_

Job Address\_\_\_\_\_

Insulation Manufacturer's Name:\_\_\_\_\_

Insulation Type:\_\_\_\_\_

R-Value of Insulation:

ROOF R=\_\_\_\_\_

ATTIC R=\_\_\_\_\_

WALLS R=\_\_\_\_\_

FLOORS R=\_\_\_\_\_

Verify does not block attic ventilation:\_\_\_\_\_

Name of G/C Qualifier/Home Owner\_\_\_\_\_

Signature of G/C Qualifier/Home Owner\_\_\_\_\_

Installation Date\_\_\_\_\_

Florida Building Code  
Chapter 13-104.4.3